

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.		FILING DATE		
							APPLICANT(S)				
							CLAIMS				
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT						
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP
1	1						51				
2		1					52				
3		1					53				
4		2					54				
5		1					55				
6		1					56				
7							57				
8							58				
9							59				
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41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	1						TOTAL IND.				
TOTAL DEP.	6						TOTAL DEP.				
TOTAL CLAIMS	7						TOTAL CLAIMS				